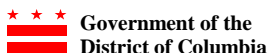




**OFFICE OF CONTRACTING AND PROCUREMENT
OFFICE OF PROCUREMENT ADMINISTRATION**

**Office of Contracting
& Procurement**



SOLICITATION SUBMISSION FORM

Title 27 of the District of Columbia Municipal Regulations, Chapter 13, Section 1300.6, and 1300.7, requires that each solicitation with an estimated price over one hundred thousand dollars (\$100,000) shall appear at least once in a newspaper of general circulation....; and that solicitation notices shall be posted to an Internet site that provides for advertisement of solicitations.

- ☐ Please make sure to completely fill-in the following areas. Failure to do so will result in delays of processing.
- ☐ All contract award information is required to be in Microsoft Word format.
- ☐ AGENCY NAME: Department on Disability Services (DDS)
- ☐ POC Name: Maureen Hill Telephone No: (202) 730-1522 Fax: (202) 730-1514
- ☐ POC E-Mail Address: Maureen.Hill@dc.gov

	Item	Description
<input type="checkbox"/>	Solicitation Number	DCJM-2015-R-0002
<input type="checkbox"/>	Caption	DDS/DDA Provider Certification Reviews
<input type="checkbox"/>	Sub-Contracting Requirement (%)	35%
<input type="checkbox"/>	Work Site Location	1125 15 th Street, NW
<input type="checkbox"/>	Market Type/NIGP Code	Open with Subcontracting Set Aside/918-88-00, 918-67-00, 952-77-00, 952-59-00 and 961-56-00
<input type="checkbox"/>	Primary Contact Person	Maureen Hill
<input type="checkbox"/>	Primary Contact Phone	202-730-1522
<input type="checkbox"/>	Primary Contact E-mail	Maureen.Hill@dc.gov
<input type="checkbox"/>	Primary Contact Fax (optional)	202-730-1514
<input type="checkbox"/>	Alternate Contact Person	Tina Hill
<input type="checkbox"/>	Alternate Contact Phone	202-730-1717
<input type="checkbox"/>	Alternate Contact E-mail	Tina.Hill@dc.gov
<input type="checkbox"/>	Alternate Contact Fax	202-730-1514
<input type="checkbox"/>	Solicitation Advertising Date	September 12, 2014
<input type="checkbox"/>	Solicitation Issuance Date	September 12, 2014
<input type="checkbox"/>	Solicitation Pick-Up Location	1125 15 th Street NW, Washington, DC 20005. Must call in advance to schedule time to have copied to offeror's flash drive.
<input type="checkbox"/>	Solicitation Fee - Board Number	Fee: N/A Board Number: N/A
<input type="checkbox"/>	IFB Opening Date/Time	N/A
<input type="checkbox"/>	RFP Closing Date/Time	October 14, 2014/ 2 pm
<input type="checkbox"/>	Pre-Proposal/Bid Conference Date	N/A
<input type="checkbox"/>	Pre-Proposal/Bid Conference Time	N/A
<input type="checkbox"/>	Pre-Proposal/Bid Conference Location	N/A
<input type="checkbox"/>	Synopsis: This is a summary of the solicitation's contents	Contractor certified as a Quality Improvement Organization (QIO) or QIO-like entity by the U.S Department of Health & Human Services, Centers for Medicare and Medicaid Services (CMS) shall conduct Provider Certification Reviews (PCR), Individual Support Plan utilization reviews and Service Coordination Performance Audits of CMS Home and Community Based Services (HCBS) Waiver Providers of residential service programs for DC persons with intellectual and developmental disabilities (IDD).